

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/09/2015
FORM APPROVED
CMS NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING		(X3) DATE SURVEY COMPLETED 11/02/2015
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE	
K 021 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain the cross corridor fire doors.</p> <p>The findings included:</p> <p>Observation on 11/02/15 at 10:01 AM, revealed the cross corridor fire doors did not properly latch (bottom) within the frame in the following locations: near ADON office and near Central Supply. National Fire Protection Association (NFPA) 80, 15-1.2 (1999 Edition)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 11/02/15.</p>	K 021	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 11/04/15, the maintenance director repaired the cross corridor fire doors located near the ADON office and near the Central Supply to properly latch at the bottom of the door per cited requirement. On 11-20-15, Columbia Fire Company Inspected Fire doors, repaired, and are working properly.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 11/05/15, the facility maintenance director inspected all fire doors for compliance. Findings found all remaining doors to be in compliance.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a monthly audit by the Maintenance Director of fire doors to assure correct and proper operation and compliance.</p> <p><u>Monitoring</u></p> <p>Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance. The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS Coordinator.</p>	12/02/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/09/2015
FORM APPROVED
OMB NO 0938-0391

NUMBER OF DEFICIENCIES K-062 OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED 11/02/2015
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain the sprinkler system.</p> <p>These findings included:</p> <p>Observation on 11/02/15 at 9:58AM, revealed sprinklers with less than six (6) foot spacing (on center) in the following locations:</p> <ul style="list-style-type: none"> a. ADON room (29 inches on center between sprinklers) b. Doctors Office (37 inches on center between sprinklers) <p>NFPA 13, 5-6.3.4 (1999 Edition)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 10/02/15.</p>	K 062	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 11/3/15, TN/KY Sprinkler and the Maintenance Supervisor repaired the cited sprinklers in the ADON Office and the Doctor's Office to have greater than six (6) foot spacing on center.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 11/3/15, the facility maintenance director inspected all sprinkler heads to assure compliance. Findings found all remaining sprinkler heads to be in compliance.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a monthly audit by the Maintenance Director of all sprinkler heads to assure correct placement and compliance.</p> <p><u>Monitoring</u></p> <p>Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance. The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS Coordinator.</p>	12/02/15

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/09/2015
FORM APPROVED
OMS NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445502	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	(X3) DATE SURVEY COMPLETED 11/02/2015
NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations the facility failed to Maintain the electrical system.</p> <p>The findings included:</p> <p>Observation on 11/02/15 at 11:26 AM, revealed an electrical outlet broken in the wall by bed A exposing electrical connectors. NFPA 70, 110-12 (1999 Edition)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 11/02/15.</p>	K 147	<p><u>Corrective Actions for Targeted Residents</u></p> <p>On 11/2/15, the facility maintenance director repaired the cited electrical outlet in the wall by bed A.</p> <p><u>Identification of Other Residents with Potential to be Affected</u></p> <p>On 11/2/15 the facility maintenance director inspected all electrical outlets to assure compliance. Findings found all remaining electrical outlets to be in compliance.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a monthly audit of all electrical outlets by the Maintenance Director to assure compliance.</p> <p><u>Monitoring</u></p> <p>Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance. The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS Coordinator.</p>	12/02/15